

FY 2021

**FL-507 – Orlando/Orange, Osceola, Seminole
Counties Continuum of Care
Continuum of Care**

Attachment 01

1C-14 CE Assessment Tool

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Date _____

PSH and RRH Programs

HMIS ID# _____

CoC Program Entry-Intake Form

To be completed on all **ADULTS** over the age of 18 in the household.

Personal Information

Name: _____ Date of Birth _____ Veteran? _____

SSN: _____ Phone: _____

Email: _____ Emergency Contact Info: _____

What is your Primary Race?

- American Indian/Alaska Native
- Black/African American
- White
- Asian
- Native Hawaiian/ Pacific Islander

Which Ethnicity do you most identify with?

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- DK/Refused

Which Gender do you identify as?

- Female
- Trans Female (MTF)
- I don't know
- Male
- Trans Male (FTM)
- Refused
- Gender Non-Conforming

Relationship to the Head of Household

- Self (HOH)
- HOH's spouse or partner
- Other non-related
- HOH's Child
- HOH's other relation member

CoC Location

- Orange, Seminole, Osceola (FL-507)
- Citrus, Hernando, Lake, Sumter (FL-520)

Disability Information

Do you have a disabling condition like a physical, mental, emotional, developmental, HIV/AIDS, or substance use disorder that significantly impairs your ability to perform daily activities?

- Yes
- No

If yes, what kind of Disability Condition do you have? (Select All that apply)

- Alcohol Use Disorder
- Developmental
- Mental Health Problem
- Alcohol & Drug Use Disorder
- Drug Use Disorder
- Physical
- Chronic Health Condition
- HIV/AIDS
- Physical \ Medical

Has a medical provider ever diagnosed the disability? (Disability Determination)

- Yes
- No

Does the condition significantly impair your daily living and ability to keep a steady job or housing (Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?)

- Yes
- I don't know
- No
- Refused

Health Insurance

Do you currently have Health Insurance?

- Yes
- I don't know
- No
- Refused

If yes, what type(s) of Health Insurance (select all that apply):

- Medicaid
- Indian Health Services Program
- State Health Ins for Adults
- Medicare
- State Children's Health Ins
- Other
- Employer Provided Health Ins
- (VA) Medical Services
- Medicaid plan, if applicable:**
- Health Ins Obtained via Cobra
- Private Pay Health Ins

Prior Living Situation

Where did you sleep last night? (Prior Living Situation)

- Streets / Place not meant for habitation
- Emergency Shelter (ES), including hotel or motel paid for with emergency voucher
- Safe Haven (Emergency Shelter for persons with severe mental illness)

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- Host Home (non Crisis)
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH subsidy
- Permanent housing (Other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

How long have you been in the above living situation? (Length of stay in previous place)

- 1 night or less
- 2 – 6 nights
- 7+ night-less than a month
- 1 month – 89 days
- 90+ days-less than a year
- 1 year or longer

What's the approximate date your current homeless episode began: ____/____/____

Regardless of where you stayed last night, how many times have you been homeless on streets or ES in the last 3 years?

- 1 time (use for 1 long consecutive episode)
- 2 times
- 3 times
- 4 of more times

What's the total number of months you've been homeless on the streets/ES in the past 3 years: _____

CoC Questions

What county were you in when this episode of homelessness began?

- Orange
- Seminole
- Osceola
- Other _____

What is the last known address where you have stayed? (Residence or Last Permanent Address)

- o Street Address: _____ Unit Number: _____
- o City: _____
- o State: _____
- o Zip: _____
- o Start Date: ____/____/____ End Date: ____/____/____

Prior Living Situation

If you feel safe sharing, have you ever experienced intimate partner violence or domestic violence?

- Yes
- No
- I don't know
- Refused

If yes, when did the last experience occur?

- Within the past three months
- Three to six months ago
- Six to twelve months ago
- More than a year ago
- I don't know
- Refused

Are you currently trying to get out of a dangerous situation?

- Yes
- No
- Client Doesn't Know
- Client Refused

Income Information

Do you have income from any source in the last 30 days?

- Yes
- No
- I don't know

If yes to any of the following income, specify gross amount:

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Alimony/Spousal Support | _____ | <input type="checkbox"/> SSDI | _____ |
| <input type="checkbox"/> Child Support | _____ | <input type="checkbox"/> SSI | _____ |
| <input type="checkbox"/> Earned Income | _____ | <input type="checkbox"/> TANF | _____ |
| <input type="checkbox"/> General Assistance | _____ | <input type="checkbox"/> Unemployment | _____ |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> VA Non Service Connected Disb. | _____ |
| <input type="checkbox"/> Pension or retirement from job | _____ | <input type="checkbox"/> VA Service Connected Disability | _____ |
| <input type="checkbox"/> Private Disability | _____ | <input type="checkbox"/> Worker's Comp | _____ |
| <input type="checkbox"/> Retirement from SSA | _____ | | |

Total Monthly Income: \$ _____

Non-Cash Benefit Information

2. Do you have any Non-Cash benefit from any source?

- Yes
- No
- I don't know

If yes to Non-Cash benefits, specify amount:

- | | | | |
|--|-------|---|-------|
| <input type="checkbox"/> SNAP | _____ | <input type="checkbox"/> TANF Transportation | _____ |
| <input type="checkbox"/> WIC | _____ | <input type="checkbox"/> Other TANF-funded Services | _____ |
| <input type="checkbox"/> TANF Child Care | _____ | <input type="checkbox"/> Other Source | _____ |

Employment Information

Are you currently employed? Yes No

If yes, Type of Employment: Full Time Part Time Seasonal/Sporadic (including day labor)

If No, Reason: Looking for work Unable to work Not looking for work

If you have severe and persistent disability, do you need help applying for SSI (SOAR)? Yes No

Case Notes: _____

CoC Program Entry-Intake Form

To be completed on all **MINORS** under the age of 18 in the household

Personal Information

Client Name: _____ Date of Birth: _____

SSN: _____ Phone: _____

Email: _____ Emergency Contact Info: _____

Primary Race

- American Indian/Alaska Native
- Black/African American
- White
- Asian
- Native Hawaiian/ Pacific Islander

Ethnicity

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- DK/Refused

Gender

- Female
- Trans Male (FTM)
- Client refused
- Male
- Gender Non-Conforming
- Trans Female (MTF)
- Client doesn't know

Relationship to the Head of Household

- Self (HOH)
- HOH's spouse or partner
- Other non-related
- HOH's Child
- HOH's other relation member

Client's CoC Location

- Orange, Seminole, Osceola (FL-507)
- Citrus, Hernando, Lake, Sumter (FL-520)

Disability Information

Does the child have a disabling condition like a physical, mental, emotional, developmental, HIV/AIDS, or diagnosable substance use disorder that significantly impairs your ability to perform daily activities?

- Yes
- No

If yes, what kind of Disability Condition (Select All that apply)

- Alcohol Use Disorder
- Developmental
- Mental Health Problem
- Alcohol & Drug Use Disorder
- Drug Use Disorder
- Physical
- Chronic Health Condition
- HIV/AIDS
- Physical \ Medical

Has a medical provider ever diagnosed the disability? (Disability Determination)

- Yes
- No

Does the condition significantly impair their activities of daily living (Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?)

- Yes
- Client Doesn't Know
- No
- Client Refused

Health Insurance

Does the child currently have Health Insurance?

- Yes
- Client Doesn't Know
- No
- Client Refused

If yes, what type(s) of Health Insurance (select all that apply):

- Medicaid
- (VA) Medical Services
- Other
- Medicare
- Employer Provided Health Ins
- What Medicaid plan, if applicable
- State Children's Health Ins
- Health Ins Obtained via Cobra
- Indian Health Services Program
- Private Pay Health Ins
- State Health Ins for Adults



Continuum of Care FL-507 | Homeless Services Network of Central Florida
Client Informed Consent & Authorization for Release of Information in HMIS

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions or desire any further information regarding this form, please contact the system administrator via the HSN HMIS Help Desk by phone (407-893-0133 x640) or by submitting a ticket on our website (<https://hmisfl.org>).

1. In order to best serve your needs at _____, to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, _____ and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.
2. The information contained in your case records with any Agency is considered confidential and privileged and cannot be exchanged, shared and/or released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent to share information with other service agencies is a critical component of our community's ability to provide the most effective services and housing possible.
3. I understand that:
 - a) This Agency may not refuse to serve me simply because I do not want my information shared with other service agencies.
 - b) This form specifically authorizes the use of information about me in research conducted using information maintained in the HSN HMIS. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
 - c) If I give permission, the HSN HMIS will allow information about me, including records previously entered into the HSN HMIS, to be shared among HSN HMIS Partner Agencies. This may include, but is not limited to, my photograph, information regarding my education history and employment background, income, program eligibility and participation, and personal history. The purpose of sharing information is to help the agencies from which I seek services to obtain information about me faster, to assist with my case management, and to connect me more quickly with the services I need.
 - d) Agencies that join the HSN HMIS after I sign this consent/authorization also will have access to the personal information that I authorize for data sharing. This Agency must make reasonable accommodations to allow me to view the updated list of HSN HMIS Partner Agencies.
 - e) I understand that I have the right to inspect, copy, and request all records maintained by an Agency relating to the provision of services provided by an Agency to me and to receive a copy of this form unless specifically denied under federal or state law. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law. I understand that this release is valid for three years from the date I sign this document. I may revoke this authorization at any time verbally or by written request, but the cancellation will not be retroactive.

I give my consent to the exchange of information via the HSN HMIS: Yes No

I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document.

<p>Name and Signature of Client</p> <p>_____</p> <p>(Print)</p> <p>_____</p> <p>(Signature) (Date)</p>	<p>Name and Signature of Witness</p> <p>_____</p> <p>(Print)</p> <p>_____</p> <p>(Signature) (Date)</p>
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Prevention, Diversion, and Rapid Exit Assessment

Personal Information

Name: _____ HMIS # _____ Date of Birth: _____ Age: _____

Date: _____ HUB Location _____ # of Adults in HH _____ # of Minors in HH _____

Phone Number: _____ Email Address: _____

Do you have any children that are not in your custody? No Yes

Do you have an open Dependency or Diversion Case? No Yes

What brought you in today?

Current Living Situation

HOMELESS PREVENTION

TRANSITIONAL OR PERMANENT HOUSING SITUATIONS (7+ nights in any of these are a break in homelessness)

- Hotel or motel paid for without emergency shelter voucher
- Owned by client/ Rental by client
- Residential project or halfway house with no homeless criteria
- Staying or living in a friend/ family member's room, apartment or house
- Transitional housing for homeless persons (including homeless youth)

HOMELESS SITUATIONS (Diversion Eligible)

- Streets / Place not meant for habitation
- Emergency Shelter (ES), including hotel or motel paid for with emergency shelter voucher
- Safe Haven (Emergency Shelter for persons with severe mental illness)

INSTITUTIONAL SITUATIONS (89 days or less when entering from the streets counts as homelessness)

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

How long have you been there? _____

General Questions

1. What county are you currently staying in? Orange Osceola Seminole Other: _____
2. Are you (or someone in your household) fleeing a situation that is dangerous to you (DV)? Yes No
3. Have you (or someone in your household) served on active duty in the US Military? Yes No
4. Do you (or any other **adult** in your household) have a disability? Yes No
 - a) Who? Self Other _____
 - b) What type of disability _____
5. How did you hear about us? _____
6. If there was space available in an emergency shelter would you be interested in being contacted? Yes No
(Families Only) If yes, please fill out Shelter Matching Tool.

Date _____

ES,SO, TH Projects

HMIS ID# _____

Primary Race

- American Indian/Alaska Native
- Black/African American
- White
- Asian
- Native Hawaiian/ Pacific Islander

Ethnicity

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- DK/Refused

Gender

- Female
- Trans Female (MTF)
- Gender Non-Conforming
- Male
- Trans Male (FTM)
- Client doesn't know/refused

Prevention, Diversion, and Rapid Exit Entry

Client came to _____ HUB seeking housing assistance. Client has been _____

for _____, Client is/ is not interested in shelter. Client became homeless after _____

How long?

Current living situation

Cause

_____, Client is living with/without _____ disabilities. Client receives _____

Type

\$ _____/mo through _____, Client was/ was not assessed and provided with a list of resources.

Income

Type

Main Resolution Discussed:

- Community Resources
- Family Mediation
- Other
- Friend Mediation
- Housing Information
- Landlord Mediation

Length of Conversation:

- 15-30 minutes
- 16-30 minutes
- 31-60 minutes
- 61-90 minutes
- Over 90 minutes

If placed into housing, where?

- Staying in current unit
- Moving to new unit
- Staying with family (local)
- Staying with family (relocation)
- Staying with friends (local)
- Staying with friends (relocation)
- N/A

If placed into housing, how long?

- 1 night
- 2-6 days
- 7-29 days
- 31-60 days
- 61-90 days
- More than 90 days

Outcome:

- Assessed for Services (Big 3 and/or Shelter Tool)
- Diversion Not Successful
- Diverted
- N/A- Not Attempted
- Other Community Resources
- Prevention
- Rapid Exit/ Resolution
- Not Eligible/Not in Homeless Situation

Referrals

- Coalition
- Salvation Army
- Rescue Outreach Mission (Seminole)
- DV Shelter
- Jewish Family Services
- Catholic Charities
- St. Vincent de Paul
- UAP (STEP)
- SDA Elderly Care
- Senior Resource Alliance
- HANDS of CFL
- Anew Foundation
- Other _____

Coordinated Entry System: Shelter Matching Tool

CES STAFF/VOLUNTEER/CASE MANAGER/NAVIGATOR/ACCESS SITE TO COMPELTE:

Client Name: _____ HMIS# _____ Date: _____
DOB? ____/____/____ Age: _____
Expecting\Pregnant: Y N (circle one)
Contact # _____ Email _____
HUB Location: ___Northland ___HCCH ___UAP ___Community Hope _____Other:

"You've previously mentioned that you were interested in shelter. Please understand that completing this shelter tool does not guarantee shelter. I need to get some basic information from you to help provide a potential path into shelter. Just so you know; there are many diverse people staying and working in the shelters of many different ages, genders and religious background. Before we begin, is this something that will work for you and your family? For the purposes of this screening, we only work with shelters in Orange County and Seminole County. Are you okay with staying in Orange or Seminole County?" (If yes- proceed, If no- Explain other non- CES participating shelters- provide resource sheet)

1. What is your current living situation? (Where you slept last night)
 - Place not meant for human habitation Unshielded (park, woods, tent, bus station, car, abandon building)
 - At Risk of (losing home, unable to pay in self-pay hotel, being kicked out or exiting shelter) within 3 days
 - Attempting to flee a dangerous situation (Domestic Violence, Human Trafficking, etc.)

2. In which county did you sleep last night?
 - Orange County
 - Seminole County
 - Osceola County
 - Other _____

3. How long have been in the above homeless situation?
 - 1 night or less
 - 2-6 nights
 - 1 week or more but less than a month
 - 1 month- 90 days
 - 91+ days but less than a year
 - 1 year or longer

4. We work with three shelters, do any of them create health or safety concerns? No Yes
(If yes, which one)
 - Coalition Salvation Army Family Promise Rescue Outreach Mission

5. How many children and adults will enter shelter with you? (Please indicate who is the head of house)

Name	Date of Birth	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Have you been in a situation that is unsafe and you do not wish to return within the past 5 days?

If yes: Is it due to?

Domestic Violence Yes No

Human Trafficking Yes No

Other: (explain)

7. Do you or your children have a medical condition in which your current living situation is impacting your ability to maintain a treatment plan? Yes No

8. Do you or children have any disabilities that makes you vulnerable to harm or danger?

Yes No

9. Do you or your child/children have a service need animal that you want to enter shelter with?

Yes No

(If yes)

9b. does the animal help someone with a disability? Yes No

(If yes)

9c. what task has the animal been trained to do? _____

10. Do you or your children have any access needs that might limit you when getting around stairs, hallways or shared spaces? Yes No

If yes, please specify

11. Are you willing to rotate on a weekly basis from one shelter to another?

Yes No

12. If we are unable to get ahold of you and with your permission, who can we contact to get an immediate hold of you?

Name

Relationship

Phone #

Thanks for visiting us!

You have completed the Coordinated Entry System (CES) Shelter Assessment Tool for you and your family. This assessment is for families who are interested in emergency shelter, if space becomes available.



Our goal is...

- To connect you and your family with emergency shelter



From the CES Shelter Assessment...

- We have a better understanding of your needs
- We can determine what shelters can best accommodate your needs



What's next?

- Keep contact info up to date, if still in need of shelter, by contacting our CES Hotline (407) 917-1377
- If and when you are contacted for a shelter bed, treat that contact with urgency as their will only be a 1 hour maximum timeframe to respond and a 24 hour period to enter shelter



Please keep in mind...

- ***Shelter beds are very limited and not guaranteed***
- Completing the Shelter Assessment ***does not*** guarantee shelter, and you should continue to explore other options. We encourage you to reach out to your supports and different resources available in our community, if you'd like to explore those options, a CES Volunteer can discuss with you further

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

VI-SPDAT – Families

Personal Information

Client Name: _____ Date of Birth: _____ Veteran? _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Children

1. How many children under the age of 18 are currently with you? _____
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? _____

4. Please provide a list of children's names and ages:

First Name	Last Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors
 - Other _____
 - Refused

6. How long has it been since you and your family lived in permanent stable housing? Less than a year
 One year or more
 Refused
7. In the last three years, how many times have you and your family been homeless? _____

B. Risks

8. In the past six months, how many times have you or anyone in your family...
- a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health centers crisis, family/intimate violence, distress and suicide prevention hotlines? _____ Refused
 - e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ Refused
 - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused
9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Yes No Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Yes No Refused
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Yes No Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Yes No Refused

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? Yes No Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Yes No Refused
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?. Yes No Refused
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Yes No Refused

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Yes No Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Yes No Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Yes No Refused
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Yes No Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Yes No Refused
26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Yes No Refused
 - b) A past head injury? Yes No Refused
 - c) A learning disability, developmental disability, or other impairment? Yes No Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Yes No Refused
28. IF THE FAMILY ANSWERED YES TO 19-23, AND YES TO 24-25, AND YES TO ANY 26-27:
Does any single member of your household have a, medical condition, mental health concerns, and experience with problematic substance use? Yes No Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Yes No Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Yes No Refused
31. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Yes No Refused

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? Yes No Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Yes No Refused
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Yes No Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days? Yes No Refused
36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? Yes No Refused
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Yes No Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Yes No Refused
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Yes No Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a) 3 or more hours per day for children aged 13 or older? Yes No Refused
- b) 2 or more hours per day for children aged 12 or younger? Yes No Refused
41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Yes No Refused

Thanks for taking time to go through this assessment. What happens now is IF and WHEN services become available, someone will reach out to you. Remember that I said we can't promise any services because I can't tell exactly if or when programs will have availability. If you do not hear from anyone that means services are not available, so the best thing you can do for yourself is to utilize your support system and other community resources. Don't rely on just one program. Keep doing what you're doing: engaging with service providers like myself, and looking for housing services that make sense for you. This assessment is good for up to 3 months. If you are still in the same situation after the 3 months, you should return to complete a new assessment. If your contact information changes, you should return to update that information.

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

VI-SPDAT 2.0 – Individuals

Personal Information

Client Name: _____ Date of Birth: _____ Veteran? _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors
 - Other _____
 - Refused
2. How long has it been since you lived in permanent stable housing?
 - Less than a year
 - One year or more
 - Refused
3. In the last three years, how many times have you been homeless?

B. Risks

4. In the past six months, how many times have you...
 - a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis centers, family/intimate violence, distress and suicide prevention hotlines? _____ Refused

e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

5. Have you been attacked or beaten up since you've become homeless? Yes No Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused

8. Does anybody force or trick you to do things that you do not want to do? Yes No Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Yes No Refused

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes No Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Yes No Refused

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused you to become evicted? Yes No Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Yes No Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Yes No Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused

19. When you are sick or not feeling well, do you avoid getting medical help? Yes No Refused
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? Yes No Refused
21. Has drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Yes No Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Yes No Refused
- b) A past head injury? Yes No Refused
- c) A learning disability, developmental disability, or other impairment? Yes No Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Yes No Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Yes No Refused
27. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Yes No Refused

Thanks for taking time to go through this assessment. What happens now is IF and WHEN services become available, someone will reach out to you. Remember that I said we can't promise any services because I can't tell exactly if or when programs will have availability. If you do not hear from anyone that means services are not available so the best thing you can do for yourself is to utilize your support system and other community resources. Don't rely on just one program. Keep doing what you're doing: engaging with service providers like myself, and looking for housing services that make sense for you. This assessment is good for up to 6 months. If you are still in the same situation after the 6 months, you should return to complete a new assessment to update any outdated information about your situation. If your contact information changes, you should return to update that with us.(Provide list of resources)

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

VI-SPDAT – Youth

Personal Information

Client Name: _____ Date of Birth: _____ Veteran? _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

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- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors
 - Other _____
 - Refused
2. How long has it been since you lived in permanent stable housing?
 - Less than a year
 - One year or more
 - Refused
3. In the last three years, how many times have you been homeless?

B. Risks

4. In the past six months, how many times have you...
 - a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health centers crisis, family/intimate violence, distress and suicide prevention hotlines? _____ Refused

- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused
5. Have you been attacked or beaten up since you've become homeless? Yes No Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused
8. Were you ever incarcerated when younger than age 18? Yes No Refused
9. Does anybody force or trick you to do things that you do not want to do? Yes No Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Yes No Refused

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes No Refused
12. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Yes No Refused
15. Is your current lack of stable housing...
- a. Because you ran away from your family home, a group home or a foster home? Yes No Refused
 - b. Because of a difference in religious or cultural beliefs from your parents, guardians, or caregivers? Yes No Refused
 - c. Because your family or friends caused you to become homeless? Yes No Refused
 - d. Because of conflicts around gender identity or sexual orientation? Yes No Refused
 - e. Because of violence at home between family members? Yes No Refused
 - f. Because of unhealthy or abusive relationship, either at home or Elsewhere? Yes No Refused

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Yes No Refused

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Yes No Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Yes No Refused
20. When you are sick or not feeling well, do you avoid getting medical help? Yes No Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? Yes No Refused
22. Has drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Yes No Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused
24. If you've ever used marijuana, did you try it at age 12 or younger? Yes No Refused
25. Has you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Yes No Refused
- b) A past head injury? Yes No Refused
- c) A learning disability, developmental disability, or other impairment? Yes No Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Yes No Refused
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Yes No Refused

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COVID-19 Risk Factors Screening for Supportive Services

To be completed by the Navigator or Street Outreach completing a supportive housing referral

OR

By the Supportive Housing Case Manager completing a bridge housing referral

HMIS ID: _____

Are you 60 years of age or older?

Yes No

Have you smoked tobacco in the last month?

Yes No

Are you or someone in your household currently pregnant?

Yes No

Are you and your family currently living outdoors, like in a tent, park bench, or a highway overpass (unsheltered)?

Yes No

Are you and your family currently living somewhere where you are together in close quarters, like an emergency shelter or a car?

Yes No

____ # of total yes answers

Has a medical provider ever said that you or someone in your household have any of the following medical conditions?

Select all that applies:

Chronic Kidney Disease

Dementia

COPD (Chronic obstructive pulmonary disease)

Liver disease

Severe Heart Disease conditions

Pulmonary fibrosis

Sickle cell disease

Type 1 Diabetes

Type 2 Diabetes

Hypertension or high blood pressure

Moderate to Severe Asthma

Immunocompromised or Immunodeficient

Cystic Fibrosis

(from conditions including cancer treatment, bone marrow or organ transplantation, poorly controlled HIV/AIDS, and prolonged use immune weakening medications, like corticosteroids.)

Severe Obesity {observation only}

____ # of total medical conditions

____ Overall total

Navigators & Outreach: To be prioritized for Supportive Housing, Participant must have an overall score of 2 or higher

Housing Case Mangers: To be referred to Bridge Housing, Participant must score 1 or higher within Medical Conditions section

Staff sign to verify this information is true and accurate to the best of your knowledge.

(First and Last Name)

(Date completed form)



SELF-VERIFICATION OF COVID-19 RELATED HARDSHIP FOR SUPPORTIVE HOUSING PARTICIPANTS

I, _____, certify that my household have been impacted by the COVID-19 public health emergency and one or more of the following barriers have been created and/or sustained as a result of this hardship:

- Medical/mental health needs
- Loss or reduction of income; including state and/or government benefits (SNAP, SSI/DI, etc.)
- Loss or reduction of employment; including the inability to obtain employment
- Loss of child care or lack of available child care resources
- Threat or risk of eviction or homelessness
- Other COVID-19 related hardship: _____

I certify that the above information is true and correct to the best of my knowledge. I also certify that I am not currently receiving other benefits, such as rental assistance, through other community sources.

Participant Signature: _____

Participant Print Name: _____

Date: _____

Case Manager obtained verbal consent due to inability to have face to face contact due to COVID 19

Case Manager Signature: _____

Case Manager Print Name: _____

Date: _____

HSN Staff Use Only

Date Received: _____

HSN Staff Signature: _____

Other Notes: _____